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GIELER ON IMMEDIATE DENTURES

THE FORTNIGHTLY Review

OF THE CHICAGO DENTAL SOCIETY

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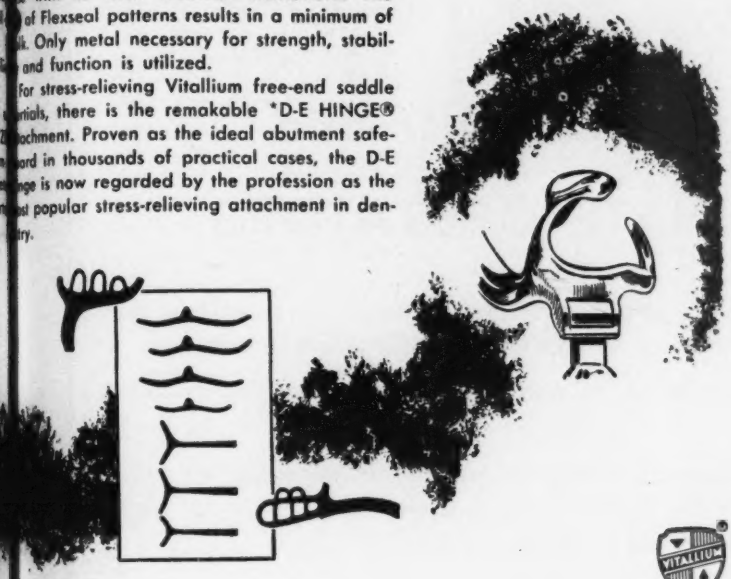

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The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

Number 4
Feb. 15, 1960
Volume 39

ELMER EBERT — EDITOR
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Contributions: Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever. Manuscripts and news items of interest to the membership of the society are solicited.

Forms close on the first and fifteenth of each month. The early submission of materials will insure more consideration for publication.

"I KNOW THE 95TH MIDWINTER MEETING WAS WONDERFUL, DR. SWARTZ, BUT ISN'T IT ABOUT TIME YOU STARTED LOOKING FORWARD TO THE 96TH?"

The Fortnightly
REVIEW
of
THE CHICAGO DENTAL SOCIETY

February 15, 1960 Volume 39 • No. 4

Immediate Dentures*

Carl W. Gieler, D.D.S., M.S.D., Chicago, Illinois

(Dr. Carl W. Gieler was graduated from Northwestern University Dental School in 1934 and received his M.S.D. degree from that school in 1939. From 1934-1937 he taught in the oral surgery department of the school, and from 1937-1946 was an assistant professor in the complete denture department. At present he specializes in prosthodontics, with offices on Chicago's north side, and is an active lecturer.

Dr. Gieler is a member of the American Denture Society and a Diplomat of the American Board of Prosthodontics.)

The making of immediate dentures is generally accepted by the dental profession as a valuable and necessary dental service. Immediate dentures offer many advantages and few disadvantages. It is definitely a health measure because the patient will have diseased teeth removed when he knows he need never be without teeth—when instead he might wait a dangerously long time to have anything done if such a service were not available. There is usually less pain because the immediate denture covers the areas of the extractions and acts as a shield or protection over these tissues. From an esthetic point of view the denture teeth may be placed in their proper positions, thus preventing changes in the appearance around the lips. Some disadvantages are surgical risks in cases of poor health and also in those cases in which much disfiguration exists making necessary such surgical treatment to provide a proper foundation for the denture, as well as to effect a harmonious facial expression.

Dr. Gieler

Because of the very nature of the immediate denture service, both from the point of view of the dentist, as well as the patient, a great deal of rapport must exist. This is attained in part by the dentist's reputation, and in part by means of an educational program for the patient, in order that he may understand and thus fully cooperate in his new venture.

Today, it is not uncommon for a prospective denture patient to tell the dentist that he wants an immediate denture. Admittedly this is a good sign, for it shows that this type of dentistry has gained favorable public acceptance. However, the average patient knows very little about the facts and fallacies in immediate dentures. Often his sum total of

*Presented before the Chicago Dental Society, Midwinter Meeting, February, 1959.

knowledge will be on the basis of information gained from experience of *one or two of* his friends or relatives. The patient may consider it a simple operation or perhaps may be unnecessarily fearful.

Because of a lack of knowledge and many misconceptions, the prospective immediate denture patient must be told in simple language the problems he will experience and how he can cooperate to make his denture experience a successful one. A special prosthetic examination chart is used in order to make a thorough examination. Such a chart is important because it permits the dentist to make a thorough and systematic examination, thus preventing the possibility of overlooking important factors which may have a bearing on the degree of success in any given case. It is psychologically helpful to dictate this information to your assistant while making the examination, for then the patient overhears your conversation, forms his own ideas as a result of this examination, evaluates the conditions of his mouth, and can to a degree make his own prognosis. An examination done in this way will alert the patient and often encourage him to offer valuable information which will have a bearing on his case. Also, by means of skillful questioning you may learn what the patient expects of immediate dentures and then, in turn, you will be in a position to properly educate the patient as to what he may anticipate and what the limitations of such restorations are. The back of this examination chart provides space for such information as your prognosis, your advice to the patient, and also research data on your own cases with regard to your methods of impression as related to sore spots, patient's difficulties, and how they were corrected. Data accumulated from a number of cases will provide you with information that will help you to continually improve your technique.

In some cases it will be imperative to have the cooperation of a physician in evaluating the patient's health and in providing proper medical treatment before the case is begun. We all know the role the following play—poor nutrition (common to the aged and those with loss of many teeth), diabetes, kidney disease, rheumatic fever, anemia, heart disease, severe menopause, bleeders and persons whose tissues heal poorly. Let us give the patient every opportunity to start out with as clean a bill of health as possible.

Patients who are about to receive dentures usually have incisal wear, fillings, stains and various other imperfections. It is up to the dentist and patient to decide whether any or all of these imperfections should be copied, and to what extent. The dentist should have on hand one or more dentures showing the various types of irregularities, in order to give the patient an opportunity to see what can be done in imitating the appearance of natural teeth. A comparison of such dentures with one that has beautiful and perfectly arranged teeth, will help the patient to decide which he prefers.

Many dentists employ study models as an aid in the selection of the anterior teeth—and unfortunately some leave this selection entirely to the dental laboratory technician. Using models in this way is of course a guide but actually there is often considerable discrepancy in one's judgment when comparing highly translucent teeth with the completely opaque teeth on the model. It is much easier and more accurate from an esthetic point of view to select artificial teeth by employing the patient's natural teeth as a guide, rather than models. The simplest way to make a selection of the teeth is to hold the mold guide teeth directly beneath the natural teeth, at first upright one at a time comparing each tooth in question; then to further the accuracy of your selection invert each mold guide tooth and compare it with the natural tooth on the other side—this will now aid you in making the final selection with regard to shape and size. It must be remembered that in middle-aged persons there is considerably less incisal translucency of the natural teeth than that found in most present day artificial teeth. If this translucency is undesirable, then longer teeth must be selected from which the trans-

lucent tips may be ground away. Molds with flat and smooth labial surfaces should be avoided since they tend to reflect light in such a way as to attract undue attention.

Since most persons needing dentures are of the age at which perfect dentition is rare, it is usually wise to reproduce in the artificial denture many conditions that are found in the mouth.

Often it will be found that there is a considerable variation in the shades of natural anterior teeth. When this variation of shades is imitated in the building of the denture, it will be found that the results are usually pleasing. Of course, extremes should be avoided. If anterior artificial teeth are used as they are carded and no change in color is made, it will be seen that in many mouths such teeth seem to lose their outline form and consequently lose their identity, resulting in an apparent fusion of the teeth, especially in a bright light. However, a variation of shades brings out the individuality of each tooth.

After teeth have been selected which most nearly will meet the requirements of form, size and color, characteristic markings due to age and restorative dentistry must be provided by the dentist.

It is my policy to make the various irregularities in the artificial teeth at the dental chair. It is easier and better for the dentist to do this than the laboratory technician, and, in addition, it is psychologically helpful in that it gives the patient an opportunity to voice his opinions while you are making these characteristic markings. The teeth may be contoured by grinding to simulate incisal wear, contact point abrasion and other identifying markings. It is easy to imitate off-color synthetic cement fillings, stained enamel checks and stained roots by tinting the teeth with mineral oxides. With reference to gold, I avoid its use in the anterior artificial teeth, but occasionally employ it in the first or second bicuspids.

It is very important to have illustrative material—such as models, pictures, and slides—and it is especially valuable to have articulated casts of the patient's own mouth. When using the patient's own models in your education work, you will find that the patient will remember much of the information you have given him.

An immediate denture patient must always be told that immediate dentures are to be considered as *treatment dentures* and may have to be refitted soon after insertion. The patient should also be told that the main purpose of such dentures is to help him look presentable while his mouth continues to heal. He must be careful in the selection of food during this period to avoid irritating the ridges. It is advisable to explain that these dentures may have to be refitted in as short a time as one month, although the average time is from two to four months. Several of my immediate denture patients have managed successfully for as long as three years without a rebase or a new denture, but a great majority need major dental service much sooner. Severe periodontal disease sometimes necessitates remaking a denture two or perhaps three times the first year; it is only fair to you that your patient understand this situation . . . and no one but you can convey this to him properly.

Included in patient education should be proper instruction in the use of dentures at the time they are inserted. Then, too, a sincere, helpful aatitude toward the patient during his learning stage is of utmost importance in helping him to learn how to get along with dentures. The book, *New Teeth for Old,* by Dr. Victor Sears, is loaned to each of our prospective denture patients, since it is of excellent educational value to the patient and prepares him from the time the first teeth are removed until he is finally dismissed. A patient may be distracted while in the office, and his thoughts may be miles away. Thus giving the patient something to read in his home adds greatly to the instruction you may give at the chair.

There is one thing I would like to emphasize in complete denture prosthesis, and that is the failure on our part as a profession to impress upon patients the following: In order to preserve mouth health and improve mastication and di-

gestion, it will be necessary for them to have their dentures rebuilt or new ones made as mouth changes occur. Many a patient continues to wear the same dentures for years, not realizing that because there has been some mouth change, his dentures finally become a misfit and consequently cause change and injury to the oral tissues. Also he does not chew his food well and burdens his digestive system. As a result the patient loses his normal facial expression and, because the process is often very slow, does not realize such changes are taking place.

Denture patients often look many years older than their actual age and, to some extent, we are to be blamed for not warning them of such possibilities. I will repeat that when dentures are built for a patient, it is imperative to explain that these are not final or permanent, but that they must be replaced as mouth and facial changes occur.

Pre-Extraction Records

Pre-extraction records are very important for the diagnosis and prognosis of any case. Careful records will enable the dentist to work more easily and accurately, and will, at a later date, be helpful when new dentures are to be made for his patient sometime in the future. These reccords should include X-rays; measurements of gingival pockets; accurate study casts (preferably mounted on an articulator); two profile records (one showing an outline of the profile of the face when the teeth are in centric occlusion, and the other showing the position of the upper central incisors, a recorded summary of conditions of the mouth, such as the degree or absence of periodontal conditions; size, form, and shape of the ridges; positions of the muscular attachments; conditions of the mucosa; ridge relation; character of the saliva; the shade and mold of the anterior teeth; and all other factors which may be of value in the construction of dentures. Photographs or color transparencies are also of help when new dentures have to be made in the future.

I have had a number of cases in which pre-extraction records have been of great help to me in the construction of new dentures. These were all cases in which the patients either lost the dentures, due to sickness and flushing down the toilet, or due to seasickness; in one case, they were lost in an auto accident and, in another, a dog had found his master's dentures resting upon the windowsill and chewed them up beyond recognition, no part of them being usable. Although these instances are rare, the real answer to them would have been spare dentures. I recommend that every denture patient be told a spare denture serves a very real purpose in an emergency. Many patients will be grateful for your suggestion and will have an extra set of dentures made upon your advice.

While pre-extraction records are helpful in building new dentures when the old ones have been lost, their real value lies in the fact that after preliminary dentures (or any dentures) have been worn for some time and the supporting tissues have changed to a greater or lesser degree, the original appearance of a patient may often be recaptured by means of these records.

The depth of the pockets of the anterior teeth should be recorded—to help the dentist and technician to properly trim the models upon which the denture bases will be processed. When deep periodontal pockets are present, dentures will fit better for a longer period of time if the casts are trimmed to the depth of the pockets. The additional trimming of the casts, which is permitted under such circumstances, will also facilitate the setting of the anterior teeth by making more space for them.

The profile of the patient's face is recorded by means of a cardboard cutout, and it is usually made while the teeth are in occlusion. If, however, there has been a decrease in the vertical dimension of the lower 1/3 of the face, because of wear and drifting of the natural teeth, it is advisable to make this record after the correct vertical dimension has been estimated and re-established with a wax

(Continued on page 21)

Editorial

Recruitment for Dentistry

Almost without exception as we scan the various dental journals we will find an article or editorial on the great need for recruits for dentistry. There are dozens of reasons given as to why we as a profession are not attracting our fair share of the young to join us in service to our fellow men. The most common no doubt is the fact that industry is making engineering so attractive and lucrative that we cannot compete. The electronics and space people are painting such a glamorous and exciting picture that few young people want anything so prosaic and unglamorous as dentistry or medicine for a life work. Why has this picture come to pass? Certainly not without advance planning, or by chance.

Of course, it is thrilling and a great adventure for the men who supervise and plan the building of such great structures as the Mackinac Bridge, the Golden Gate Bridge, the Hoover Dam, the Prudential Building, and so many monuments to man's skill, imagination and knowledge. The same can be said of the atomic age, the space age and electronic wonders which the mind of man has evolved. It is always the man who presents the end result, or who heads the firm that does the job, who is given most of the honors. Little is heard of the hundreds, yes thousands who work at the drawing board, operate the transit or do the myriad of jobs which bring such a project to fruition. Yet the number who reach the pinnacle are few and far between. The glamour, spirit and challenge of such accomplishments are only part of the picture for in the background is a vast amount of preparation and personal contact. It is through the concerted efforts by direct contact of industry representatives who scour every college and high school to tell the story and advantages of entering the fields they represent, that the needs of industry are filled.

What, on the other hand, are we doing as a profession to recruit the needed manpower to meet the ever-increasing demand for dental service? Only by the occasional guidance of a dentist father or a dentist friend, plus an occasional pamphlet, is there any effort made to encourage men and women to enter the dental profession. Also, there are a number of vocational guidance programs in which dentists tell the story of dentistry to our young people and the great opportunities for service it affords. Certainly no concerted effort for recruitment is made and unless there is organized recruitment the needed dentists will not be graduated. The leadership for such a program must of necessity be national and the only body equipped to perform this task is the American Dental Association and its Council on Dental Education. The groundwork must be done by personal contact at the district level with a chain of direction filtering down from the A.D.A. through the various state societies and components. The mechanics will require considerable study and planning but with the American Dental Association as a resource center and guide and the state societies as organizational and planning centers and supervision of the local society activities at least a start will be made to encourage more young people to enter our profession. Then when the men have been enlisted to tell the story we must be very sure that they are equipped with the facts and figures and information on the requirements necessary for entrance into dental school and the cost of a dental education.

(Continued on page 20)

ANNUAL CLINIC NITE (FREE)

West Suburban Branch

Tuesday Evening • March 8, 1960

The Oak Park Club • Oak Park & Ontario

Dr. Henry Reiseman
Some Problems on Retirement

Dr. Raymond C. VanDam
Dowel Attachment for Partials

Dr. Fred N. Bazola
Bridge Abutments

Dr. Merril J. Shepro
Registration for Workshop in Disaster Care

Drs. J. S. Theodorou, F. G. Biedka, L. D. Levy, W. G. Runyan and L. E. Hedges (assisted by Miss Pennie Levy)
So You Think You Are Healthy

Mr. Edgar Stephens
? Concerning New Dental Law

Dr. Lucas C. Politis
Case Presentation by Means of Simplified Photography

Drs. John O'Connell and E. Molnar
Rubber Base Impressions

Dr. Marvin Blechman
Oral Surgery Cases and Procedures

Dr. Robert Atterbury
Mandibular Fracture in a Three Year Old

Drs. Wm. McNabb and F. Lock (Residents Oral Surgery Dept. Ill.)
Closed Reduction Techniques for Mandibular Fractures

Dr. Daniel Vernino (Resident Oral Surgery, Ill.)
Removal of Impacted Third Molars with Bur Technique

Dr. Patrick Toto
Oral Mucosal Lesions of Local and Systemic Origin

Dr. A. Gargiulo
The Splinting Methods for Periodontal Diseased Teeth

Dr. John Kollar
Repositioning of Pathologically Migrated Dentition

Dr. E. Prorok
Posterior Cross Bites

Dr. B. Michael (Podiatrist)
Your Feet Are in Your Hands

Loyola University Students: Robert Jones, Walter Lichota, Dick Logullo and Ed Luzwick
Preventive Orthodontics

Mrs. Ruth Shipley (Dental Assistant)
New Concepts of Radiography

Miss Mary Schepley (Dental Assistant)
Dental Role in Civil Defense

Miss Donna Neary and Joanne Smith (Dental Hygienists)
Technique of Topical Application of Stannous Fluoride

Miss Diane Simonis (Dental Hygienist)
Orthodontia

●

WIVES AND ASSISTANTS INVITED

6:00 Cocktails • 7:00 Dinner

MEETING 8:00 o'clock

Reservations: Dr. R. G. Weihe, Village 8-1110

Open Letter to Mr. Philip Clarke

(Below appears an open letter written by Dr. A. H. Grunewald to Mr. Philip Clarke, General Campaign Chairman of the 1959 Crusade of Mercy, regarding the rather poor showing the Dentists were making in the Crusade for Mercy and which reflected on us as a profession. Dr. Grunewald has admirably defended the position of our profession in sharing in all drives.

For years the Society policy has been to take no active part in the solicitation of funds for any drive except that we do furnish the drive with the mailing list of all members and the President signs a letter prepared by the persons in charge of the drive. This mail solicitation is the limit of our participation. Since the Chicago Dental Society boundaries encompass three counties and literally hundreds of communities with separate drives and, since our membership distribution is so wide except in the Loop area, it is absolutely a physical impossibility to make personal solicitations. Beyond that many of the men live outside of Chicago and feel that their contribution should go to their community and many Chicago men are approached at their homes so that there is a great duplication of solicitation. A personal solicitation campaign can only be successful where there is one prospect card.

It is hoped that in the future we will adhere strictly to a policy which long experience has taught us to be sound for the Chicago Dental Society.

P.S. The Crusade of Mercy drive went over the top and we congratulate Mr. Clarke on his fine leadership.)

December 11, 1959

Mr. Philip R. Clarke
General Campaign Chairman
1959 Crusade of Mercy

Dear Mr. Clarke:

The contrast between the patterns of giving of employee groups and Chicago dentists, as outlined in your letter of December 9th, indeed appears appalling. If the dentists of Chicago, who as members of their profession should possess an above-average concern for the welfare of their fellowmen, have contributed an average of less than $1.00 toward that welfare, I am truly ashamed.

Your letter has placed a stigma on my profession, which after careful reflection over the past thirty years I cannot remember having ever previously been warranted. Being a dentist I think like one; and since I have willingly given over 8% of my 1959 salary strictly for the benefit of my fellowmen, I cannot accept your figures as being correct, nor that this stigma your letter imposes is warranted.

Many dentists practicing in Chicago elect to contribute to the Campaign Fund in the local area in which they live, or to other than professional groups with which they may be associated. After listening to one of your key men point out Chicago's greater need for funds I elected, for the first time, to make my contribution in Chicago this year.

Your confidence in asking me to assist in prevailing upon the members of my profession to carry their share of the load is appreciated. Undoubtedly Chicago's needs are greatest and should be met. Those dentists who have not already contributed to other communities will, I am sure, contribute their fair share to Chicago, and do so with their heads held high.

Thanking you for your tremendous, admirable effort for the benefit of the less fortunate.

Yours respectfully,
A. H. Grunewald, D.D.S.

In Memoriam

to all decadent dental practices:

This Need Not Be Your Epitaph—

Be Foresighted!

ATTEND THE NORTH SIDE WORKSHOP

March 20 - 21

NORTH SIDE BRANCH—WORKSHOP

Chicago Dental Society

1st Edition of 1960

Subject: PERIODONTAL CONCEPTS **By Dr. D. Walter Cohen**

Dr. Cohen is an outstanding authority on Periodontology and a staff member of the University of Pennsylvania.

This Two-Day Course will be offered at the elegant Tam O'Shanter Country Club on March 20 and 21. Both sessions will start at 9:30 A.M. and will continue till ??

Objectives of this Two-Day Seminar:

To acquaint the general practitioner with the importance of Periodontics in his office.

Etiology and diagnosis of Periodontal diseases.

Various techniques of Periodontal Therapy, from point of view as to indications, contra-indications and methods.

Case planning with emphasis on educating your patients to the need for Periodontal treatment. Explaining the benefits and the limitations.

By Lectures, Illustrations and Lantern Slides you will be shown how your practice can be increased manyfold by incorporating these Periodontal techniques in your everyday practice.

ALL THIS AND—2 LUNCHES AND A CONTINENTAL BREAKFAST.

Don't miss this Two-Day Session aimed at the general practitioner to assist him in the solutions of often seen Periodontal problems.

STANLEY S. GOLDBERG, *President* RUBIN KADENS, *Chairman*

REGISTER TO-DAY

Send Checks for Full Course — $35.00 — To:

----------TEAR OFF----------

Dr. Rubin Kadens, Chairman Workshop Committee
1103 Bryn Mawr Avenue
Chicago, Illinois

Enclosed herewith is my check for $_____ for_____ Reservation(s) at $35.00 each, for the Dr. D. Walter Cohen Workshop.

Dr. _____

Address_____ Phone No._____

Tam O'Shanter Country Club

News and Announcements

REMINDER TO THE SELF-EMPLOYED

Correct reporting of self-employed net earnings every year is all-important for Social Security purposes.

The Social Security Administration joins with the District Director of Internal Revenue in reminding people who work for themselves—alone or in a partnership—that Federal income tax returns for 1959 must be filed on or before April 15, 1960. This must be done and the self-employment tax paid if net earnings for the year were as much as $400, even if no income tax is payable. The tax on 1959 net earnings is 3¾ths percent of the first $4800 of earnings. Beginning January 1, 1960, the tax for the self-employed is increased to 4½ percent of the first $4800 of earnings.

Net earnings are reported on a separate Schedule C (Farmers use Schedule F) with the Federal income tax return. The earnings to be reported for the self-employment tax are the net earnings from your trade or business or profession and do not include income from dividends, rentals from real estate, or income from other types of investments. Additional information about reporting self-employment income may be secured from the local office of the Director of Internal Revenue.

Many people do not realize that failure to make a yearly report is a violation of the law and can result in penalties and interest charges on unpaid social security taxes. Many more do not understand that delay in filing can cause loss of valuable social security credit and so cut down their old-age, survivors, and disability insurance protection. If you are a self-employed person, guard against the possibility of this happening to you. Report your net earnings correctly and regularly year after year. For information about old-age, survivors, and disability insurance, contact your Social Security office.

WM. VOPATA TO APPEAR ON C.D.S. RADIO PROGRAM

Dr. William O. Vopata, Riverside, will be the guest interviewee on the regular Chicago Dental Society program on Station WJJD, 1160 on your dial, on Wednesday evening, March 2nd. He will be interviewed on the subject of operative dentistry and replacement of fillings.

Dr. Vopata was graduated from Northwestern University Dental School in 1931 and served in the Army in World War II. He is past-President of the West Suburban Branch of the Chicago Dental Society and is also past-President of the Sanders Dental Research Club.

NORTH SIDE BRANCH SELECTS SLATE OF OFFICERS

On Wednesday, January 20th, the Nominating Committee of the North Side Branch of the Chicago Dental Society met to select a slate of officers for the coming year, 1960-61. The Committee hereby submits the names of the men and the offices for which they were selected:

For President, Dr. Stanley S. Goldberg; Vice-president, Dr. Ruben E. Kadens; Secretary, Dr. William Semiloff; Treasurer, Dr. William d'Autremont; Librarian, Raymond Bro; Branch Director, Dr. Herbert H. Krummel.

NEW SCIENTIFIC JOURNAL ENTERS THE FIELD

A new dental publication titled "Dental Progress" is to be published by the University of Chicago Press. It will seek to bridge the gap between the researcher and the clinician.

The Institute of Dental Research of the U. S. Public Health Service has made a five-year grant of $173,000 to the University of Chicago to finance the project. Rollin D. Hemens of the University is

executive editor, and Dr. George W. Teuscher, Dean of Northwestern University Dental School, has been chosen editor.

The first issue of the quarterly journal is scheduled to appear in midsummer. A 64-page magazine, 6¼ x 11 inches, it will carry advertising. Many outstanding men in dental education and research will serve on the Editorial Board. Our very best wishes for its success!

N.U.D.S. COURSES PRESENTED IN MARCH

The short postgraduate courses to be presented during March at Northwestern University Dental School in which there are a few vacancies are as follows: Analysis and Treatment of the Stomatognathic System—For the General Practitioner, under the leadership of Dr. John R. Thompson, which will be presented March 14 and 15. All necessary study equipment and a manual will be furnished. On March 28-30, inclusive, a course will be presented on the subject of endodontics under the leadership of Dr. F. D. Ostrander of the University of Michigan. This course is being presented for the fourth successive year and is always popular.

For further information, address Director of Postgraduate Study, Northwestern University Dental School, 311 E. Chicago Ave., Chicago 11, Illinois.

ARCOLIAN DINNER DANCE

The annual dinner-dance of the Arcolian Dental Arts Society usually held in February will take place on Saturday, April 2nd, 1960, in the Grand Ballroom of the Sherman Hotel.

WORKSHOP ON RADIOLOGY PRESENTED AT U. of I.

The University of Illinois College of Dentistry, in cooperation with the American Academy of Oral Roentgenology and the W. K. Kellogg Foundation, March 18-19 will present a workshop on the teaching of radiology in dentistry.

Included will be an evaluation of existing curricula in dental radiology at the undergraduate, graduate and postgraduate levels, and a consideration of long-range objectives for the teaching of dental radiology.

Moderators will be Dr. Seymour Yale, head of the department of dental radiology at the U. of I., and Dr. Donald T. Waggner, of the University of Nebraska.

For further information write Department of Dental Radiology, University of Illinois College of Dentistry, 808 S. Wood St., Chicago 12.

SEMINAR ON HYPNOSIS

Roosevelt University will present a seminar on hypnosis and applied psychology on fourteen Wednesdays, February 17 to May 18. The seminar is designed to give the participant an understanding of the nature of hypnosis and its clinical applications. For further information, address Dr. Irving I. Secter, Roosevelt University, 430 S. Michigan Ave., Chicago 5, Illinois.

SOCIETY OF CLINICAL HYPNOSIS TO HOLD DINNER MEETING

The Chicago Society of Clinical Hypnosis announce a gala dinner meeting to be held at the Sheraton-Blackstone Hotel on February 24th, social hour at 6:30 and dinner at 7:00. The program, to start at 8:00, will feature Rudolph Dreikurs, M.D. as speaker and Milton H. Erickson, M.D., discussant, on the subject, "The Interpersonal Relationship." Contact Dr. I. Secter, 7407 W. Irving Park Rd., Chicago 54, Illinois, for further information and reservations.

JOHN RIZZO REPORTS ON MARYVILLE ACADEMY SURVEY

Dr. John C. Rizzo who since 1945 has been the attending dentist at Maryville Academy in Des Plaines, Illinois, in his recent survey reports that there is a

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News of the Branches

West Side

We should all be back at work newly inspired by our great Midwinter Meeting of last week. The rejuvenating of enthusiasm, the reinforcement of old ideals, and the acquisition of new ideas are all worthwhile products of such meetings. . . . Glad to report that our branch was well represented among the active participants. Included among the clinicians and essayists were Harold Epstein, Sam Kleiman, Dan Podore, Sol Shiret and Dorothy Rizzo. Among presiding chairmen were Chick Vission, Lou Holzman, Sam Silver and several others. . . . A belated report on some post cards from Sam and Mrs. Kleiman on their trip to Las Vegas in December. . . . Sad item to report—the death of Dr. Ernest J. Brogmus on December 10th in Chula Vista, California at the age of 76. Dr. Brogmus had been an active member of the West Side for thirty-four years prior to retiring to San Ysidro, California in 1949. He was a graduate of the University of Illinois, and a former Vice-President of our Branch. For the past ten years he had been active in various civic capacities in the South San Diego area. He is survived by his wife Frances (with whom he celebrated his 50th Wedding Anniversary last October 20th), his daughter Lillian, a teacher in the San Ysidro schools; and a son Ernest, Jr., a physical therapist at the Christopher School in Chicago. . . . Todd Holzman, son of our prexy, has just won an honorary scholarship from the U. of Illinois. "Like father, like son." . . . A golf outing for this coming May has been approved, after some deliberating pro and con. . . . Victor Gans, our program chairman, has informed me that our speaker for the March meeting will be Ben Gans, whose topic will relate to Oral Surgery. . . . A note on civic responsibility—constructive criticism without cynicism is what Chicago needs.—*Samuel Silver.*

North Suburban

Ed Sherwood evidently has his office pretty well organized now with his new hygienist—had time to get out to the Fort Sheridan meeting and the report on what I thought was going to be my leading news item. He mentioned the Bostian, Boman, Shaner and Meek hunting expedition—still can't figure out that deal—terrible hunting, lousy food and miserable weather, but they still smile from inlay to inlay every time someone mentions the trip. There must be a good story there some place—all we want is the facts, boys—just the facts. Ed also congratulated Greg Padovani for bringing his wife and fourth son home from the hospital. Greg qualifies again to make the news column in a negative way—he fractured his hand trimming the trunk off the Christmas tree, and at last report was back at work at a slowed-down pace. . . . The Harrie Halls got in a couple of weeks in Florida before the weather turned frigid down there—he came back to a newly-carpeted office and some new modular cabinets. The new atmosphere makes up in production for the extra time it takes him to plow from room to room. The Jack Bakers also went to Florida and soaked up enough sunshine to last them thru the winter. . . . Jack Heinz had the thrill of moving into a new larger home in Arlington, dampened by having to move his wife and some children from one bed into another—down with the flu. It's worth a double dry-martini on the rocks to get Jack to relate his experiences in the Rolling Green Calcutta Golf tournament last fall—gets you thinking of some of those coming summer days and wondering about some of the self torture we involve ourselves in. Better luck next season, Jack. . . . Bob Jayne, Morrie Virnig and myself came to an impasse with the Village of Arlington Heights, when they passed their new zoning ordinance for-

bidding home offices in residential areas. They relented, to a degree, by allowing us to stay in our prospective offices as long as we want to practice there, but cannot sell our home offices except as straight residential. I still believe there is something unconstitutional about granting building permits and then not allowing you to recover your investment if you want to relocate, get sick, etc., must be confiscation, breach of contract or something.—*Gordon C. Ward, Assistant Branch Correspondent.*

Kenwood-Hyde Park

The life of a columnist is a rough one. First of all it's hard to get news, and secondly the deadline has been moved up three days because of the Midwinter Meeting, so I don't think I'll be able to fill my quota of these pretty red lined papers the FORTNIGHTLY sends me. Well, let's look around and see what has happened lately. . . . Just to give you an example of how deep we dig for news: Larry Johnson has himself a brand new coffee pot in the office and he now enjoys, with his dental neighbors, the most splendid coffee break on the South Side. . . . Some more nice news to report: both Asher Sherow and Dave Torch and everyone in their respective families are all well and healthy for a change. No one sick or in the hospital. Keep it up. . . . Phil Goldberg, however, was in the hospital recently. He had an emergency appendectomy Christmas Day and is now convalescing nicely. . . . Si Matzkin is now in the car delivery business. He plans to drive his daughter's new car out to her from Chicago to Los Angeles and then fly back. . . . Well, what do you know? I just got a wonderful friendly call from Roy Eberle. He has had a paper published in the *Dental Digest*, "Comparative Dimensional Stability and Versatility of Rubber Base Impression Materials" and he has offered to send a reprint to anyone who might be interested. . . . Jack Flanagan is our newest addition to the office holders of non-dental activities. He is the leading candidate for the presidency of the Chiseler's Club. As a matter of fact he is the only candidate, but he is still worried because he may have to take a lie test, and this just might kill his political future for all time. . . . I know you will all be glad to know that Joe Wiener's mother is much better after her terrible ordeal. She was held up and beaten in her little store in Michigan City, and to make matters worse, Joe himself was hit in the face with a squash ball, and several pieces of glass were imbedded in his eye. He too is all well now. . . . Congratulations and best wishes to Joe Morros who has recently moved into new and larger office space in the building at 73rd and Jeffery. . . . When I called Zack Lifchez for some news he said he had been taking "bird baths" at a certain hotel in St. Joseph, Mich. What he really said was "those baths are for the birds." He went up there to try and help a sore left shoulder, and now both shoulders hurt plus a few more aches and pains he didn't

have before. . . . Hope you all get to the Midwinter Meeting. Our Branch has contributed a great deal to both the scientific program and the administration of this great meeting. . . . Remember again to mark off the first Tuesday in May for the Ladies' Night Program.—*Stanley R. Korf, Branch Correspondent.*

North Side

When this issue hits the news stands, the Midwinter Meeting will be history. Have all you men taken advantage of having such a great concentration of talent in your own backyard? Do you know that we have men from almost all 50 states (and the District of Columbia) that travel thousands of miles to attend to soak up much of the information available. This year also started the breakfast conferences, whereby you fill up on knowledge at 7:00 a.m. Know what? About 10% of our membership doesn't even get down to the hotel to register. And another small percentage does sign in, heads for the free toothbrushes, and goes home. How could they not avail themselves of something so terrific? . . . I was just insulted by my good friend, Herm Medak. After writing this column for about seven months, we called him for news and received this query? . . . Since when are you writing the FORTNIGHTLY column? Seems he reads the column but stops short of my byline. I'm only kidding about the insult, Herm, I'm glad you are reading the news. . . . Van Carmichael just moved to his new home in River Woods and is now spending his lunch hours asking older home owners about drive ways, plumbing, etc. . . . Homer Hunley is still commuting from his gentleman's farm in Mundelein. . . . Oliver Hatcher is still going strong as ever. He and Stan Goldberg were caught reminiscing about the days at Northwestern, way back at Lake and Dearborn. . . . Marvin Ericson missed the deer season this year. . . . Wonder where Harry Glass' daughter went. . . . Dehe Weber is still lucky at the noon-day pitch game at the Uptown Bank club room. . . Earl Hullison has been seen dragging his you know what while fighting off the virus flu. . . . I only wish more members would take an active interest in our North Side branch doings. I just received word from our president, Stan Goldberg, about our nomination committee meeting. The committee met and took an entire afternoon to come up with a slate of new officers to present to the membership. There is no ascension in rank in our organization. It does not follow that having an office one year, automatically puts you one higher the next year. Only thing that gets you on the ticket is what you have done in the past and what is expected of you in the future. To get back to my original statement about being more active, the Board of Directors cordially invites anyone interested to attend any or all board meetings. Just check with Stan Goldberg for the time and location of the next one. Let's make our branch the best one in the whole So-

ciety. See page 15 for the nominations as given by the nominating committee: Sounds like a good team. . . . Allen Frankel told us he is retiring from his Civil Service position with the Chicago Health Department, Division of Dentistry, after putting in thirty years. He will now devote his entire time to his office. . . . We were sorry to hear that Basil Cupis had another eye operation. Get well soon, Basil. . . . Our condolences to Harry Rosenberg on the passing on of his father. . . . Heard from Joe Weiss—he's getting along fine. Just finished his first 25 years as a dental society member. He claims the first 25 are the hardest. You're so right, Joe. . . . Just another reminder of the Uptown Dental Forum party at Oakton Manor on the weekend of April 1st. Contact Carl Sudakoff for the remaining reservations. Also don't forget our workshop meeting on March 20 and 21 at Tam O'Shanter with Dr. D. Walter Cohen. Contact Rube Kadens for reservations. — *William Semiloff, Branch Correspondent.*

Englewood

Whyizzit I gotta write this column one week before the Chicago Dental Society's Midwinter Meeting? I feel like a reporter covering the conversation between two British chess players. If I could only write this column after the Meeting I could tell everyone what a wonderful job Harry Kazen did as general chairman of probably the best meeting we ever had, and how proud every Englewoodian was of Harold Hayes, and Paul Kanchier who executed executive excellence thru the entire four days. . . . We were especially happy over the fine clinics given by members of the Englewood Branch, and didn't it just make your heart warm to see the way Mike Klabacha carried his old kitchen set all the way down to the table clinic to have the bent leg straightened out? . . . Wasn't it funny when the house detective caught Ken Sharpe with an extra package of Arm & Hammer bird pictures in his pocket? . . . We sure got

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EDITORIAL

(Continued from page 11)

When all is in readiness a conference with local high school and junior colleges must be arranged and the opportunity provided to tell the story of dentistry as a profession.

In the meantime each of us has an opportunity to tell the story to the young people in our care. Before you do this, please get the facts as to educational requirements, costs, need for taking the aptitude tests and the time and place where they can be taken. This information may be obtained from the American Dental Association, 222 E. Superior St., Chicago; also, very fine pamphlets to pass on to the young person.

Should the occasion present itself to talk to a group of graduates, please be informed. Tell them that we as a profession are one of the last formidable barriers to encroaching socialism, a true representative of the free enterprise system, a profession in which the skill of the artist has unlimited sway, the skill of the engineer is brought into play, there is opportunity to replace lost organs with prosthetic appliances which defy detection from an esthetic standpoint and to restore the oral cavity to normal and efficient function. A wonderful chance to fight the battle against oral disease is yours when the child of 2½ years comes into your office and by your skills and knowledge that child reaches adulthood and then parenthood with all of his teeth intact. These are just some of the rewards that are derived from service to our fellow men.

Tell the story often and well and we won't have to worry about future recruits. Out of appreciation for the men who have made dentistry great say "thanks" by encouraging others to join our great profession.

We can do it by working together!

(Continued from page 10)

bite. This profile record is not essential in the construction of the immediate denture, but it has great value when new dentures are to be made for patient at a future time. It will, to a great extent, enable the dentist to build new dentures that will restore the original facial contour and vertical dimension.

A second profile record is made, but in this instance the chin part of the profile record is cut off and discarded. Next, a common pin is inserted into the edge of the cardboard record, so that the head of this pin just touches the mesio-incisal angle of the central incisors when the record is in its proper position on the face. The pin is securely attached with clear nail polish. One can easily see how this will help in determining the position of these teeth when new dentures are to be constructed sometime in the future. This measurement will also serve as a check on the length of the upper incisors when a new upper denture is inserted into the mouth. It should be pointed out that when making and using these profile records the face must be relaxed. Otherwise, such a record will be inaccurate.

If errors in processing have been made, resulting in an elongation of the incisors, the exact amount of such changes can be determined by this profile record. In addition, this record constitutes a form of "measurement insurance" should a patient inexperienced in the use of artificial dentures complain that the teeth are not the correct length. Recently one of my patients told me that his wife was displeased because the upper teeth in his new dentures were shorter than his natural teeth. It so happened that I had his profile record with the pin in it and, upon checking the incisal edge length of the upper anterior teeth, I found that the teeth were actually 1¼ mm. longer than the natural teeth had been. Checking again in a couple of days, I found that the incisal edges were now about ¾ mm. longer than the natural teeth. Thus, you can see that so far as I was concerned, I knew that the denture teeth were somewhat longer than the natural teeth and, happily, I was able to demonstrate this to the patient's satisfaction.

It frequently happens that patients do not pay any attention to their own natural teeth, and yet the moment they obtain artificial dentures or have some other artificial restorations made, they become very conscious of them and notice many things they think are different. The fact is that most people seldom know what they really look like and can quite easily criticize dentures or any other restoration in a perfectly honest, but totally inaccurate manner. The profile records will prevent misunderstanding.

Since my panel participants will discuss impressions and occlusion I will omit this from my presentation and proceed to the surgical phase of immediate denture construction.

Accurate study models, made from an elastic impression material and properly oriented on an articulator, are a great aid in making a decision as to the necessity of surgical preparation and, if so, how much. Quite often tuberosities are so enlarged that unless some correction is made, it will be almost impossible to make a well-fitting denture; furthermore, in such cases the posterior teeth cannot be arranged to meet with the functional requirements of the patient. In most cases, irregularities of ridge formation can be corrected by surgical means, but we have seen a few cases in which the tuberosities were just hollow shells. Obviously no surgical corrections should then be made, and the alternative is to do everything possible by mechanical means to make as nearly an ideal restoration as possible, considering the limitations imposed.

Conservative surgical correction is practiced in my office as a routine procedure. When surgery is necessary in the posterior part of the mouth, I believe in doing a minimum amount, allowing nature to do part of the shaping of the tissues. In posterior extractions, frequently only the sharp edges are rounded. I do not attempt to eliminate all of the undercuts that may be present. If, in

three to six weeks, more surgery is necessary, then is the time to do it. Of course, the patient must be told in advance that this may have to be done.

When all sockets are ideally shaped by surgical means at the time of extraction, one quite often sees a ridge that in six months to a year presents serious problems from the standpoint of constructing adequate dentures. On this subject I read an article which said, "Approximately as much tissue should be removed as would naturally be absorbed in from one to three years." If this were done in all cases, we would be plagued with dental cripples. I do not believe in hurrying this stage of denture construction when the entire future well-being of the patient is at stake. If a mistake has been made by being too conservative, it can be corrected, but how can misjudgment in the other direction be corrected? It just cannot be done.

Successful Insertions of Upper Dentures

It has been my experience that most immediate dentures can be successfully inserted after extractions with minimum bone removal. Usually the only surgical corrections needed are the rounding over of the interproximal alveolar projections and the removal of about 2 to 3 mm. of the labial plate in the cuspid region. In many cases dentures are inserted with no surgery other than the simple extraction of the teeth. Of course, there are those extreme cases in which the natural upper anterior teeth show in their entirety, along with 4 to 10 mm. of gum tissue.

I believe that a patient showing from 8 to 10 mm. of gum tissue would be served best by the following treatment: The posterior part of the mouth is treated first by the necessary extractions and conservative alveolectomy. When it is in proper condition for a denture, then the anterior teeth are extracted and the necessary amount of the labial plate is removed, the ridges carefully rounded, and the gum flap is sutured. After three to seven days, impressions and records are made and the dentures are inserted a day or two later.

In those cases in which the labial contour of the ridge is extremely prominent, causing an extreme undercut, I prefer to butt the anterior teeth rather than remove most of the labial plate in order to get the denture into place. Then, in a few months, it is usually possible to refit this denture and add the labial flange; otherwise, a new denture may be made at this time. Of course, it may be necessary to an alveolectomy after waiting a few months for the ridge to resorb, and the patient is always told beforehand that this may be necessary. When a ridge is treated in this way, it is better than one where extensive surgery is performed originally.

Insertion Procedure

The insertion of an upper immediate denture should be a real pleasure when it is handled properly. In my practice, the choice of anesthetic is a local anesthetic, and in the removal of the upper six anterior teeth, rather than infiltrate considerable amounts of solution over each tooth, two infraorbital block injections are often made. As far as the palate is concerned, infiltration is employed, but only very small amounts will be needed. The reason a block anesthetic is used in preference to an infiltration is that less anesthetic is needed and it is away from the site of the insertion of the denture.

With infiltration, the tissues are somewhat ballooned and even though massaged for five or ten minutes, the tissues may still be distended. Thus, when the immediate denture is inserted, the flange impinges upon these tissues and subse-

quently may cause a great deal of pain and swelling. Furthermore, if an anterior flap has been raised, the tendency will be for the flange to push the flap up even higher than normal since the occluded anesthetic solution will tend to lift it away from its bony base. The actual procedure is as follows: The tissues are anesthetized, the teeth are extracted, the interproximal alveolar projections are rounded over, and usually 2 or 3 mm. of the labial plate in the cuspid region is removed. Of course, this varies in every case.

The Lower Immediate Denture

Thus far little has been said about the lower immediate denture and I have reasons for doing so. We all know that the lower denture (especially immediate) is not usually as retentive as the upper. Futhermore, it is almost impossible to use a labial flange with the immediate lower because of the combination of posterior lingual undercuts and labial undercuts. Thus, to use a labial flange requires much surgery and to do without it usually makes for a loose denture. The denture as it moved about during talking and eating constantly irritates the surgically traumatized socket areas. This in turn slows the healing period and makes it more painful. In the construction of a lower, I prefer to remove all of the teeth before taking impressions and constructing the denture. When done in this manner the posterior extractions are completed and then in five or six weeks, depending on the mouth condition; the anterior teeth are removed. The lower near-immediate denture is now constructed and completed in less than a week.

When the patient will not be seen without lower anterior teeth, then such lower dentures are *nearly always* made without a labial flange. After a reasonable period of healing (from one to three months) the denture is relined and a labial flange is added. It must be added that when a patient insists on having a lower immediate denture constructed, he is always warned that there may be greater discomfort than is experienced with upper immediate dentures.

Medication

The patient is again questioned to see if there is any history of allergy, specifically to the antibiotics. If negative ½ of a Lederle's Aureomycin cone containing benzocaine is inserted into each socket. For general medication Empirin compound #2 is prescribed two tablets every four to six hours if necessary for pain.

Impingement Areas

In order to determine any areas of impingement, a paste (such as Kerr's Denture Sortec) is wiped—not flowed—into the labial aspect of the denture to a thickness of approximately 1 mm. The denture is now gently seated into place, carefully removed (slipping it forward and down), and then inspected to see where the areas of impingement occur. A decision is then made whether the denture should be relieved or whether the bone tissue underlying the pressure area should be removed. In many cases only minor adjust-

ing of the denture is necessary. This testing may have to be repeated two or three times before the denture will slip into place with ease and no spots show through the pressure disclosing material.

Dr. Grunewald will discuss the correction of errors in occlusion resulting from processing. In immediate dentures further errors are rapidly introduced due to the uneven settling of dentures over "green" tissues. In all immediate denture cases I remount the dentures on an adjustable articulator with face-bow, centric and protrusive records in from 3 to 7 days, and correct the articulation. This may be repeated once or twice at varying intervals depending on the rate of tissue change.

Specific Patient Education

At the time of the insertion of the denture, the patient is again asked to read "New Teeth for Old," with special emphasis on the chapters re: "Immediate Dentures," "Servicing," and "The Use of Artificial Dentures." The patient is always seen twenty-four hours after the insertion of the dentures in order to correct any areas of irritation and to answer any questions that he may have regarding their use.

Up to this time the patient is not permitted to remove the dentures, but after wearing them for one day he is instructed as to their removal and reinsertion and given instructions for their proper care. Patients are always cautioned against leaving immediate dentures out of the mouth for more than one or two minutes, because if they are left out of the mouth too long the tissues may swell and then it will be impossible to put the dentures back into the mouth.

At this time the patient is again advised that his denture may have to be relined very soon—in one or two months—and that his present dentures are treatment dentures. Future appointments are made, according to the requirements of each particular case, and the patient is instructed that if any areas of irritation persist for more than a day or two, it

will be necessary for him to call and make arrangements for an adjustment.

This is very important, for I have seen many immediate denture cases where patients were too tolerant and with the result that they brutally injured their mouths, sometimes permanently. One patient had such a badly swollen mouth that the patient had to be placed under a general anesthetic in order to remove the denture from his mouth. Such situations are uncalled for and unnecessary, and if proper cooperation exists between the dentist and the patient, the transition from natural teeth to artificial teeth should not be too difficult.

All of our immediate denture patients are handled on the basis of six to twelve months of service, which includes maintenance and either rebuilding the dentures or relining the first set and making a second set of dentures when the mouth tissues have healed reasonably well. It must be emphasized that this is an extremely important phase of immediate denture service.

Conclusions

There are few dental operations as gratifying to both patient and dentist as immediate dentures, when performed in accordance with sound surgical and mechanical principles. Good pre-extraction records will materially help in rendering a more complete service, not only in diagnosis and prognosis, but also in the subsequent building of the new dentures, which is, of necessity, part of the complete treatment in immediate denture service.

The value of patient education cannot be overemphasized, since it is an extremely important factor in attaining excellent final results through patient cooperation.

Lastly, it must be recognized that success in immediate denture prosthesis cannot be gained by concentration on one seemingly important phase and neglect of another, but rather through a complete understanding and use of all of the factors involved.

Classified Advertising

Rates: ***Effective Jan. 1, 1952.*** **$2.75 for 30 words with additional words at 3 cents each. Minimum charge is $2.75. Charge for use of key numbers is 25 cents additional. Forms close on the 1st and 15th of each month. Place ad by mail or telephone to**

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For Sale: Two-chair office in Loop. Fully equipped Owner retiring. Address B-14, The Fortnightly Review of the Chicago Dental Society.

West Suburban: Excellent location in growing town. 2-story bldg., 2nd-floor apartment will pay off bldg. 1st-floor office has 7 modern rooms with 2 operating rooms. Large practice. Modern equipment if desired. $10,000 cash required. Address B-15, The Fortnightly Review of the Chicago Dental Society.

MADISON & CRAWFORD: Fully equipped, modern air-conditioned office and/or equipment. Dr. Levin, SHeldrake 3-0300.

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For Sale: Old Orchard—Three-chair office, fully or partially equipped. ORchard 6-1432.

For Sale: 50-year dental practice and fully equipped dental office, reception room and laboratory. Lincoln Park area. Reason for selling, dentist passed on. 2nd floor apartment available if desired. Call CEntral 6-0414, for appointment.

For Sale: Reasonable. Fully equipped, one-chair office. Fine clientele. Tower Pittsfield Building. Retiring. Ideal for beginner, or to increase own practice. Address B-24, The Fortnightly Review of the Chicago Dental Society.

FOR RENT

MONROE BLDG., 104 S. Michigan Ave., operating room, lab and business office in large suite. Also, one furnished operating room with use of other facilities in suite with another dentist. Both spaces face Lake Michigan. Mr. Pocock, Room 230, or HArrison 7-0260.

2449-51 N. CICERO AVENUE—Space for rent in new dental and medical building, just completed—will fulfill dentist's specifications. Rent includes air-conditioning, heat and water. Contact D. T. Checile, M.D., HUmboldt 9-6676 or SPring 7-1046.

LOOP office for rent with option to buy. Well equipped, compact, economical. Marshall Field Annex. Address B-16, The Fortnightly Review of the Chicago Dental Society.

SUITE for Orthodontia or Children's Dentistry. New, ground-floor, air-conditioned. Parking. 3429 N. Harlem Avenue; phone PEnsacola 6-3871.

No Dentist in Area! Ground-floor office on transfer corner of Montrose and Pulaski, in a ground-floor medical center of two M.D.s and one chiropodist in individual offices. Will consider only young established dentist for this spot. Sperling Pharmacy, 4000 W. Montrose, PEnsacola 6-1015.

For Rent in Highland Park: Office space available in modern, air-conditioned elevator building. 450 square feet: waiting room, business office and lab and 3 work rooms. Call IDlewood 2-9057.

Ideal for Dentist: Operating room, business office, private reception room. Ground floor, air-conditioned building; parking, utilities, cleaning service free. 7222 Exchange Avenue. Phone BAyport 1-2770.

Now Renting: New deluxe ground-floor three-room suites, adjoining two very busy general practitioners. Controlled heat, air-conditioned, parking area. Reasonable rental. 4120 W. Lawrence. Telephone MUlberry 5-1050.

DOWNTOWN SKOKIE, 4714 Oakton St., store 15′ x 50′, ideal area for dental office. Ground floor. Fully carpeted. Rental $175.00 per month includes central heating and air-conditioning. Telephone HUmboldt 9-3535.

DUE TO DEATH—Dental office, fully equipped. Occupied by dentist over 38 years. Near North Side. Telephone Mrs. Rose Wolf, BUckingham 1-7718—please call in the morning.

MEDICAL CENTER, Morton Grove—Now available: Modern ground-floor three-room suites with common reception room. Air-conditioning. Adequate parking area. Reasonable rental. 9129 Waukegan Rd. Telephone YOrktown 5-3200.

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For Rent: Three-operating-room office in the heart of Beverly Hills. $85.00 per month. Call BEverly 8-8080.

Two four-room suites, newly decorated, suitable for dentists. Over National Tea and Rexall Drug Store. Northwest Side. Polish, Spanish languages helpful. $70.00 month. Could share office. Telephone LA 5-4286.

For Rent: Dental office for immediate occupancy. Steam heat, hot water. Northwest corner Addison and Meade. With or without four-room apartment. Call MUlberry 5-8668.

SOUTH SHORE, 7135 Jeffery Avenue. Medical Building. Air-conditioned. Reasonable rent includes all utilities, cleaning, furnished reception room. All connections for dental equipment already installed. DOrchester 3-2100.

FOR RENT PART TIME

For Rent: Two-office suite in 30 North Michigan Building. Air-conditioned. Available Monday, Wednesday and Friday. Two X-ray machines. North light. Private reception room. FRanklin 2-1414 or TRiangle 4-5232.

FOR SUBLEASE

Sublease time and space. Prestige street, Northwest, with established practitioner. Three modern operatories, well furnished and equipped in beautiful, air-conditioned building. Ground floor. Ample parking. Excellent transportation. 3333 Peterson Professional Bldg. KEystone 9-6605.

FOR RENT OR ASSOCIATION

For Rent or Association: New year-old fully air-conditioned building. Fully equipped two-chair office with room for third chair in busy South Suburban area near I. C. transportation. Call VIking 9-8627.

WANTED TO PURCHASE

Wanted to Purchase: Dental office and good will. Loop only. Address B-17. The Fortnightly Review of the Chicago Dental Society.

Wanted to Purchase: Dental practice with good income in Suburban area. Address B-23, The Fortnightly Review of the Chicago Dental Society.

SITUATIONS WANTED

HYGIENIST, six years experience, desires position in Loop or Evanston area. Part or full time. Preferably no evenings or Saturdays. Address B-20, The Fortnightly Review of the Chicago Dental Society.

NEED OFFICE HELP, DOCTOR? Need an experienced chairside assistant? Or would you prefer an eager-to-learn BEGINNER for training YOUR way? In either case, 'phone us. We are employment counsellors to the dental and medical professions. Our city-wide placement service is FREE to the employer. Your inquiry will be handled in confidence. There's no obligation. ASSOCIATED MEDICAL PERSONNEL BUREAU, 17 North State Street. Telephone ANdover 3-3438.

MEDICAL PLACEMENT SPECIALISTS—NEW PERSONNEL AVAILABLE NOW — A FREE SERVICE TO EMPLOYER: DENTAL ASSISTANT—EXPERIENCED: Three years experience with General Practitioner and Oral Surgeon as "GIRL FRIDAY." Duties: Assisting at Chair, taking and developing X-Rays, casting and investing inlays, mixing materials, working with impressions. Also took charge of Reception desk, appointments, cash, billing, bookkeeping. Has excellent typing skills. DENTAL TRAINEES: We have many applicants who are very much interested in the dental field. Some have limited experience in dental offices, some have taken dental training courses, some have nursing backgrounds, others office backgrounds. All are looking for an opportunity rather than salary. FOR THESE AND MANY MORE Applicants in Chicago and all Suburban areas, carefully screened by experienced Counsellors, CALL MISS CLARE, MEDICAL PLACEMENT SPECIALISTS, 111 N. WABASH, GARLAND BLDG., AN 3-0382. NO CHARGE TO EMPLOYER FOR OUR SERVICES.

DENTAL ASSISTANT . . . Attractive—slim—neat—24-year-old comes to us highly recommended. For the past 3 years she has been with a Dentist with a General Practice. He stated she handled her various duties efficiently—(Chairside Assisting, limited Laboratory work, Radiographs, Billing and Correspondence). For information on this applicant and many others . . . Call GARLAND MEDICAL PLACEMENT — ANdover 3-0145 . . . 25 E. Washington St.

GARLAND MEDICAL PLACEMENT offers a FREE-CONFIDENTIAL service to you, the Employer. Check our large Group of TRAINEES now. This group includes some Undergraduate Nurses, General Office Girls, High School and College Graduates who want an opportunity to learn and work in a challenging position. Salary requirements for most of these girls is of secondary consideration. GARLAND MEDICAL PLACEMENT—25 E. Washington St., MARSHALL FIELD ANNEX—ANdover 3-0145.

HELP WANTED

Wanted: DENTAL ASSISTANT, with some experience. North or Near North. Four-day week. Telephone ROgers Park 1-7442 or ARmitage 6-3717.

ASSOCIATIONS WANTED

Part-time association desired in North Suburban area. Days or evenings acceptable. Address B-21, The Fortnightly Review of the Chicago Dental Society.

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WHERE DOES THE $ GO? If this bookkeeping system becomes your possession it would be the most important in your office. Complete set of records, away from your appointment book. Spending few minutes each day, you'll save aggravation and grief when tax time rolls around. Dentist used system from five to twenty years and enjoyed peace of mind. Six complete sets for six years. $3.50 Prepaid. Money back guarantee. APEX DENTAL SUPPLY COMPANY, 2 LAFAYETTE PARK, LYNN, MASS. Harry Rower, owner.

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For Sale: Automatic phone-answering and recording machines. Priced reasonable, **Ansra Phone Co.**, ROdney 3-0616.

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(Continued from page 20)

a kick out of the way Jim Green and Dan Duffy stood in front of the dental chair with the beautiful model in it for 6 hours, waiting for somebody to step on the wrong pedal. . . . We felt sorry for Bob Hilton who spilled coffee all over his new suit while attending Lew Weil's clinic on Commonly Seen Poor Dietary Habits in Dental Patients. . . . And how about that dentist from Waukegan, who was thrown out of the limited attendance clinic for making a big racket during the lecture? It wasn't until later they found out he had sat down on the wrong end of a Py-co-pay toothbrush he was carrying in his pocket. . . . Many of us received a lot of helpful hints from the speech Ezra Taft Benson gave Monday evening. Especially the way he told how to spread fertilizer around your back yard with a rotary mower without splattering your neighbor's windows, and wasn't it embarrassing the way he got all flustered when someone asked him how to get rid of crab grass? . . . Well, as I said before, I could write about all the things that happened at the Midwinter Meeting if I could write the column next week, but since this has to meet a deadline, I'll just write about the usual news—such as we just heard that Charlie Bragalotte traded in his '46 Chevy for a like new '49 Nash Ambassador. With white wall tires yet?—*Eugene Jaffe, Branch Correspondent.*

Northwest Side

This copy is being written a week or two before the big balloon goes up. At this moment the Midwinter Meeting program committee, with its chairmen, mem-

bers and advisors are putting the finishing touches on one of the greatest annual scientific meetings in the world. Clinicians, many with international reputations are collecting and consolidating their notes, color slides and exhibits to bring to you the latest and best in good dentistry. Ours is not a stagnant profession. In our offices we individually may develop a technique or two which may simplify or improve a dental service. At the Midwinter Meeting hundreds of clinicians and exhibitors will be there to demonstrate thousands of materials and techniques. If you go home from the meeting with just one or two good simple ideas each year and apply them to your practice the service you render to your patients will manifest itself in improved prestige to you and some increase in weight to your wallet. So, what do you say, fellows? Were you at the meeting, and did you see the balloon go up? Or did you stay home and let it blow up? . . . Frank and Stanley Brzezinski, Barney and Robert Pawlowski and Stanley Lasota recently examined the teeth of school children at St. Stanislaus B & M school. . . . Jim Guerrero's son, a student at Beloit, has climbed the ladder of undergraduate journalism. He has become the managing editor of the campus newspaper "Roundtable" with a twice-weekly publication. . . . Bruno Stwertnia is at St. Elizabeth's hospital where he lost a few pebbles via the gall bladder route. . . . Three good northwest siders were at the Pere Marquette hotel in Peoria last week. The occasion was the installation of Herman Wenger as president of the Illinois State Dental Society, Joe Zielinski as treasurer, and John Gates viewed the proceedings as a councilman. . . . Cas Rogalski was installed as president of the Catholic Circle of Chicago for a second term. . . . The second session of the denture clinic sponsored by the Northwest Branch and The Academy of General Dentistry will be held at the U. of Ill. Feb. 17th. The clinician will be Dr. W. Kubacki. His presentation will include impression techniques, dentogenics and set-ups. Lunch at the Union building is included in the fee and the afternoon session will be devoted to table clinics, round table discussion and practical demonstrations. The class is limited, so contact J. J. Applebaum at 4000 W. Lawrence or Ted Chase at 2891 N. Milwaukee as soon as possible. . . . We hope the nicest things happen to all of you and when they do you'll pass on the information to:—*V. T. Weclew.*

West Suburban

Now that the Midwinter Meeting is past history, and we have enhanced our dental knowledge and renewed old acquaintances, let us make ready for the state meeting in Rockford, Illinois on May 11, 12, and 13. Our own Bill Vopata is Chairman of the Clinic Committee and promises a very good program. . . . Remember to listen to Bill Vopata on Wednesday, March 2, on Station WJJD. The program will be on "Operative Dentistry and The Replacement of Fillings." Consult your paper for the time. . . . Congratulations to Wayne Dunnom on the selection of his paper, "Status of Office Anesthesia," to be preserved for historic purposes in the Association's Archives. Paper was presented at the Centennial Session of the A. D. A. in New York. . . . Hurrahs are in order for Marvin Blechman, who has been accepted as a member of the Chicago Society of Oral Surgeons. . . . Werner Gresens is sporting a spanking-new Mer-

cury. . . . Emil Kern plays chess every Wednesday, and they say plays a good game. . . . Herman Roe is the proud grandfather of a little girl. . . . Nick Choukas wrote an article on "Bone Defects of the Mandible" for the January issue of the *Journal of Oral Surgery and Anesthesia*. . . . Wonder why Bob Strenk and Harry McArdle will not fly with Joe Esser? . . . The Leo Pasquinis are expecting in March. . . . Bob Atterbury in collaboration with Sunder Vazirani wrote an article on "Surgical Reduction of Fracture in Edentulous Mandible" in the December issue of *Dental Digest*. . . . Bill Tolar informs us to watch for the dates of the workshop in emergency medical care to be given in March by the dental department of the Community Memorial Hospital in LaGrange, Illinois and the Civil Defense Committee of the C. D. S. . . . Charley Hebting is doing well now after his bout with pneumonia. . . . Loyola University School of Dentistry announces a postgraduate course during the months of February, March, and April. Anyone wishing information about the courses, please contact, Director, Postgraduate Division, Loyola University School of Dentistry, 1757 W. Harrison St., Chicago 12, Illinois. . . . Dan Drake acquired a Florida tan. Was down in Sarasota for three weeks. . . . Perry Dontist informs us that "Habit is like a soft bed: Easy to get into, but hard to get out of." . . . Anything is news to me. Let's hear from you. So-long.—*D. J. Catrambone, Branch Correspondent.*

(Continued from page 16)

marked reduction in the caries incidence among those who have the regular care and dental health education as provided at the Academy. Dr. Rizzo has had a real opportunity to observe, as the children range from pre-school through high school and some of them he has had under constant observation over that span. His gratifying results should be a stimulus to all of us to take a greater interest in our child patients.

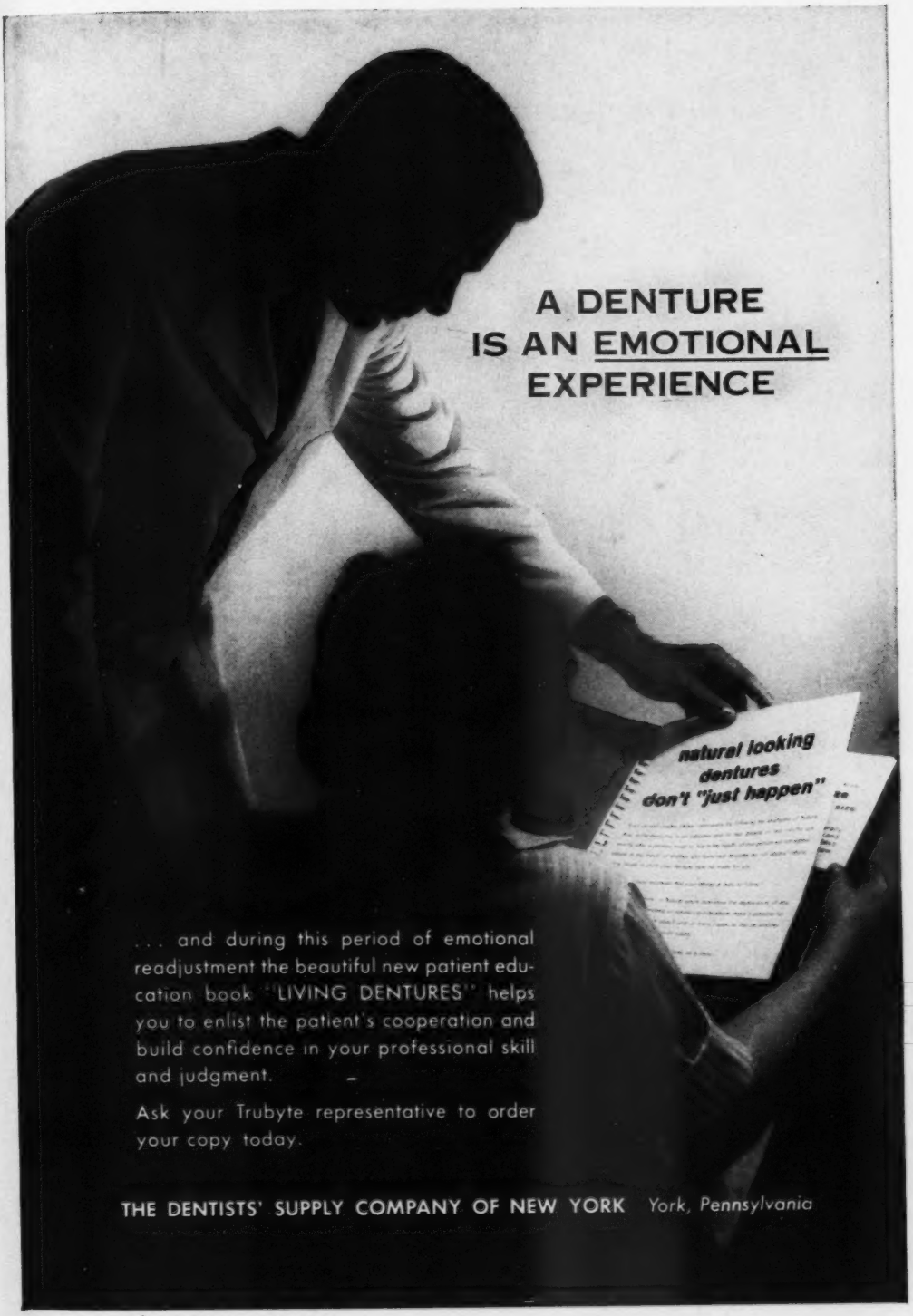
Congratulations, Dr. Rizzo, on a job well done!

MARCH A.D.A. JOURNAL TO BE DEVOTED TO PROBLEMS OF GRADUATES

The March issue of the *Journal of the American Dental Association* will be devoted to subjects of interest to forthcoming dental graduates. Among the almost forty articles in this issue will be one by Dr. Paul H. Jeserich, President of the Association, who warns graduates:

"You must be prepared not only to accept the responsibility of improving the quality of dental service but of increasing its production and distribution as well. . ."

Your contribution to the A.D.A. Relief Fund may be deducted from your income tax. Mail your check TODAY!



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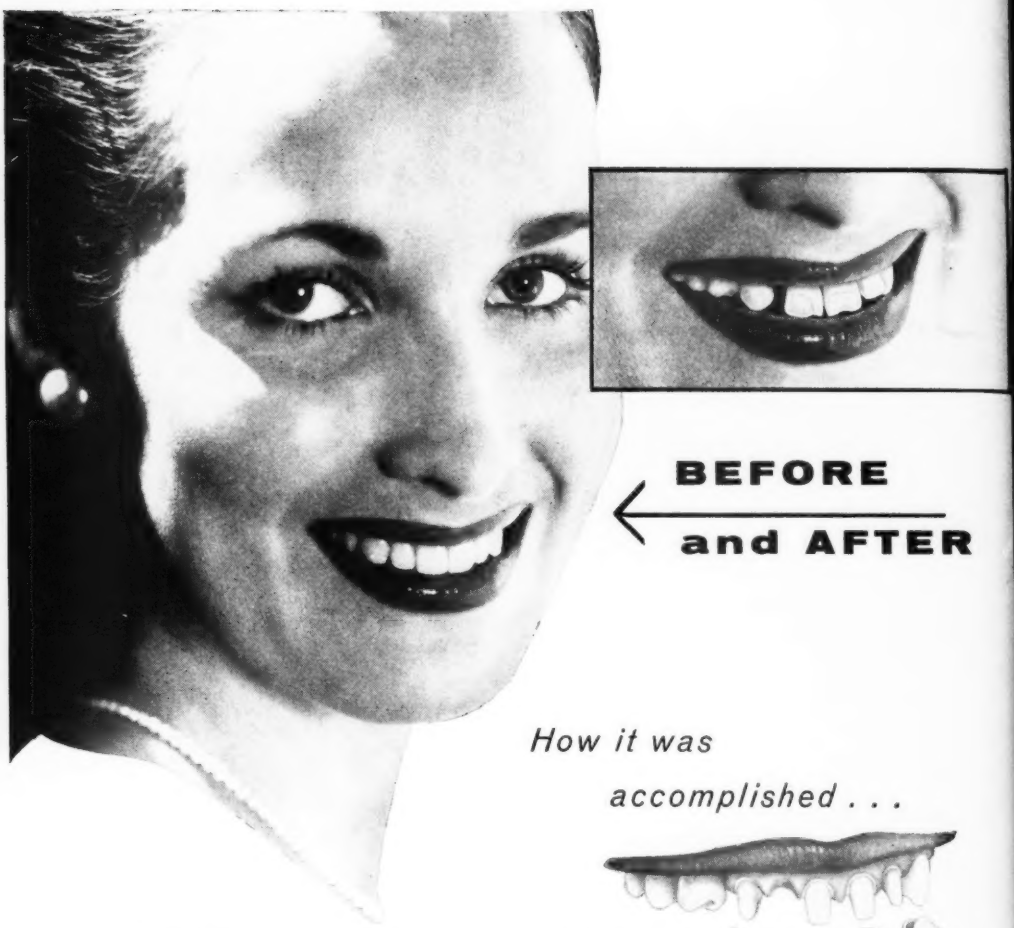

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